



**Center for Beneficiary Choices**

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**To: All Section 1876 Cost Plans  
All Health Care Prepayment Plans**

**From: Gary A. Bailey  
Director, Health Plan Benefits Group**

**Date: July 11, 2002**

**Subject: Plan Refund Procedures – INFORMATION**

The Centers for Medicare & Medicaid Services (CMS) has procedures for the efficient and timely processing of overpayments and we wanted to take this opportunity to remind you of them. Cost Based Plans are to provide descriptive information such as plan number, cost report year, and the reason for the refund along with the check payment. In addition, Cost Based Plans should include a copy of the check when submitting the cost reports to CMS.

If monies due CMS are being made in the form of a check, the check should be mailed to CMS' central lockbox at the following address:

CMS  
Division of Accounting  
P. O. Box 7520  
Baltimore, MD 21207-0520

If submitting payment via wire transmittal, the transmission should contain the organization's name, date being sent, dollar amount, contract number and fiscal year(s) to which the payment is to be applied. If you have any additional questions regarding payment via wire transfer, please contact Robert Fox, CMS' central office at (410) 786-5458.

If you have any other questions concerning Plan Refund Procedures please contact Mark Alark, Director, DCP at 410-786-7609 or Jan Oberst at (410) 786-7634. Thank you.